

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date:: September 22, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:: Paper

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SUSTAINED RELEASE OPIOID FORMULATIONS
AND METHOD OF USE

Attorney Docket Number:: 224559

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: GARTH
Middle Name::
Family Name:: BOEHM
Name Suffix::
City of Residence:: Westfield
State or Prov. of Residence:: New Jersey
Country of Residence:: US
Street of mailing address:: 530 Mountain Avenue

City of mailing address:: Westfield
State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07090

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ALFRED
Middle Name::
Family Name:: LIANG
Name Suffix::
City of Residence:: Edison
State or Prov. of Residence:: New Jersey
Country of Residence:: US
Street of mailing address:: 25 Park Gate Drive

City of mailing address:: Edison

State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08820

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional	60/412,217	09/20/02

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation::	Registration Number::	Representative Name::
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ASSIGNEE INFORMATION

Assignee name:: ALPHARMA, INC.
Street of mailing address:: One Executive Drive

City of mailing address:: Fort Lee

State or Province of
mailing address:: New Jersey

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 07024